

# PHILADELPHIA MEDICAL TIMES.

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## ORIGINAL COMMUNICATIONS.

### A NEW THEORY CONCERNING THE PROXIMATE CAUSE OF THE ENLARGEMENT OF THE PROSTATE BODY [GLAND].

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SIR HENRY THOMPSON\* says, "Next in importance to the discovery of some unquestionably successful means for the cure of enlarged prostate, perhaps, indeed, equal to it, would be a recognition of those circumstances which stand in the relation of cause, remote and proximate, to this remarkable affection."

With a view of determining the proximate cause, the writer has incidentally collected a few facts which seem to explain in some cases the cause of the enlargement of the prostate, and begs to offer them to corroborate the opinion advanced which attributes the condition to developmental causes.

Albinus,† and Cowper‡ as well, described a small sac in the region of the caput gallinaginis in the male urethra, which was afterwards described by Morgagni,§ and called the sinus pularis, which Weber|| called the *uterus masculinus*, and Huschke¶ *utriculus prostatica* or *virilis*, and which is believed by the majority of celebrated anatomists of the present day to be the analogue of the genital canals (uterus and vagina) of the female. Among these may be mentioned Ackermann, Schlichting, and Guthrie.

The male uterus (prostatic vesicle), according to Simpson, is "often prematurely enlarged and disproportionately developed in different kinds of hypospadiac and hermaphroditic malformations."\*\*

The acquired enlargement of the prostate is principally found in quite old men, at the close of their sexual life, and has been often observed in animals whose testicles have been injured or extirpated.

According to Greve,†† "the prostate gland as well as the vesiculæ seminales become augmented as much as a third in their volume in consequence of the operation" of castration in the horse.

Hunter proved from his experiments that the vesiculæ seminales of the side on which he extirpated the testicle do not undergo diminution in size. The enlargement of the vesiculæ seminales in cases of the removal of the testicles would seem to give weight to M. Geoffroy St.-Hilaire's observation,—viz., that the vesiculæ seminales are the analogue of the body of the uterus in the female.

\* On Enlarged Prostate, London, 1868.

† Annotat. Acad., iv. tab. iii. fig. 3.

‡ Glandularum nuper Detect., descrip. 1 and 3.

§ Adversaria Anatomica, iv., 1723, p. 6, tab., figs. 1 and 2.

¶ Ernest-Henri Weber, Prof. d'Anat. et de Physiol. à Leipsic. Mémoire sur un Vestige d'Uterus chez les Males des Mammifères, sur la Structure de la Prostate, etc., etc. Découverte d'un Rudiment d'Uterus (Uterus masculinus) chez l'Homme et chez les Males des Mammifères: Review by Dr. Courty, Archiv. Gén. de Méd., Suppl., 1846, p. 379.

¶ Encyclopæd. Anat., Splanchnologie, p. 74.

\*\* Obstetrical and Gynecological Works, vol. ii. p. 319.

†† Bruchstücke zur vergl. Anat. und Physiol., p. 45.

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Simpson†† suggests that "some of the various diseased states attributed to enlargement, etc., of the third lobe of the prostate gland will yet be found to be morbid states of the prostate vesicle. To the minds of some, the investigations of 'the diseases of the male uterus' would appear to be almost a paradox in thought and words."

Simpson evidently looks upon this enlargement as a morbid or diseased state, which is certainly developmental in its character, if a disease at all. The writer claims, however, that simple enlargement of the prostate often occurs without being in any wise a diseased or morbid state, any more than the growth of beard or non-development of the mammary glands in the female, or the absence of beard or development of these glands in the male, are diseased conditions.

In women who have passed the climacteric period the uterus often becomes diseased, but as often becomes atrophied by virtue of the cessation of the functional activity of the ovaries, following some physiological law of development. Velpeau says, "In old age the ovaries are atrophied, become elongated, and of a very irregular shape; the womb tends again back to the original size; the cavity of its body becomes so contracted that the stricture which connects it with the neck is sometimes found to close it completely up, as has been very judiciously observed by M. Mayer, and as I have often observed."

My friend and sometime colleague, Dr. A. C. W. Beecher, in a recent letter called my attention to the case of a lady who died at the age of eighty-nine years from cancer of the pylorus, in whom the uterus showed marked diminution in size, it being but two inches in length, one and a half inches in breadth at the largest part of the body, and one-half inch thick at this part. The body of the organ was flaccid, wrinkled, and very inelastic, and felt as if the vessels had undergone some degree of ossification, as had other arteries in the body. The intra-vaginal portion of the cervix was entirely obliterated. An incision through the anterior wall showed the arbor vitæ very distinctly. The os internum was tightly closed, and the cavity of the uterus contained a small quantity of jelly-like matter. The body was smaller proportionally than the cervix, comparing it with the menstruating womb. The ovaries were shrivelled, being almost as hard as cartilage, and had numerous small cysts over their surfaces. The uterus, ovaries, and appendages did not weigh one-third as much as the ordinary healthy organs of a menstruating woman. This woman had borne several children. The date of the cessation of the menses is not known.

The release of the domination of the testicles in males, either by castration, disease, or obliteration, we know allows of reversion towards the female type in secondary sexual characters; and why may not this be accompanied by a corresponding development of the morphological analogue of the female uterus and other undeveloped female organs

†† Simpson, Obstetrical and Gynecological Works, vol. ii. p. 318.

in the male, by mere exhaustion of their procreative powers by age? May not, then, the enlarged prostate of the aged, or indeed at any time of life, be considered as an attempt to develop a uterus, rather than an actual diseased condition and as indicating a loss of sexual capacity?

The enlargement of this organ under these circumstances might be ascribed to *retrogressional development*, if we may use such an expression.

Sir Astley Cooper\* says, "The enlarged prostate is the consequence of age, and not disease."

Sir Charles Bell† gives no opinion as to the remote predisposing cause.

Sir Henry Thompson is of the opinion that the nature of the enlargement is not a morbid one, but usually a hypertrophy of the normal tissue of the organ. Mr. Ellis appears to be of the same opinion.

Though there can be but little doubt that this organ is sometimes the seat of morbid action, yet "malignant disease of the prostate is undoubtedly a rare affection."‡

Professor Gross, so ripe in experience as a teacher and practitioner of surgery, and consequently so well qualified to judge of the nature of the affections of this organ, says, in speaking of enlargement of the prostate, "The complaint seems to depend essentially upon hyperplasia of the unstriped muscular and fibrous elements which constitute the chief bulk of the prostate, and which, during the progress of age, are liable to new growth similar to that so often witnessed in the uterus of elderly females. . . . Hence hypertrophy of the prostate cannot be regarded as an adenoma, in the true sense of the term."§

Dr. John Ashhurst, Jr.,|| also calls attention to the analogy between the "fibrous and fibro-muscular growths (myomata) met with in the uterus" with those found in the prostate body.

Concerning the impropriety of considering the prostate as a glandular body, recent anatomists and surgeons of the highest authority are agreed that the prostate is not a gland, but a muscular organ; and the writer would suggest the name of *prostate body* as a suitable name for this organ.

Mr. George Viner Ellis¶ says that "The prostate is a muscular body, consisting of circular or orbicular involuntary fibres." He therefore considers that "the propriety of calling that body a gland is rendered doubtful."

Sir Henry Thompson, in speaking of the enlargement or tumors of the prostate, says, "In all, however, the basis is *muscular fibre*." Concerning the analogy between the prostate and the uterus, he says, "Analogies of a remarkable kind exist between the characters and relations of these three forms of tumor and those which affect the uterus."\*\*\*

Velpeau†† also insists upon this analogy; and indeed it is, we are persuaded, the almost universal opinion of surgeons and anatomists of the highest authority of the present day.

Sir Henry Thompson, in his "Jacksonian Prize Essay" on stricture of the urethra (1852), stated it as his "belief that its [the prostate's] function was that of a *muscle*, and that it performed an important part in the apparatus designed to expel the seminal fluids." Mr. George V. Ellis‡‡ is of the same opinion.

In another place,§§ though he regards the cause of enlargement as by no means determined, yet he says, "It is an interesting circumstance that the prostate (male homologue of the uterus) should exhibit analogies in many points of view with the latter organ in regard to its tendency to overgrowth. The most obvious explanation, and the conclusion which, after a careful examination of the subject, is that which appears to me better supported than any other, seems to be offered in the simple fact, now completely established, that the structure in both [prostate and uterus] is exceedingly prone to develop among its component elements minute, independent, isolated formations, possessing an organization identical with itself," etc., etc.

Civiale||| declines to accept the speculative analogy between the prostate and the uterus, and, indeed, combats, in an equally futile way, most of the causes hitherto assigned, except, perhaps, calculus of the bladder.

Some authors look upon the enlargement of the prostate as a mere accidental circumstance, as the appearance of cancer for instance; while others go so far as to regard it as an almost invariable concomitant of old age.

Sir Benjamin Brodie says, "When the hair becomes gray and scanty, when specks of earthy matter begin to be deposited in the tunics of the arteries, when a white zone is formed at the margin of the cornea,—at this same period the prostate gland usually, I might perhaps say invariably, becomes increased in size."¶¶

Sir Everard Home\*\*\* also regarded the enlargement of the prostate as a natural attendant of old age.

The latest and most distinguished of these knighted††† celebrities in the treatment of this condition—Sir Henry Thompson—considers that "It may be regarded as established by the facts before the Society, that enlargement of the prostate, so far from being a change natural to old age, is an exceptional condition."††† This opinion is principally based upon 43 specimens of the prostate from

†† Dictionnaire, en 30 vols., t. xxvi. p. 175.

‡‡ Med.-Chir. Trans., *loc. cit.*

§§ On the Enlarged Prostate, etc., London, 8vo, 1868, p. 63.

¶¶ Traité pratique sur les Maladies des Organes génito-urinaires, vingtième partie, Paris, 1830, pp. 363-381.

¶¶ Lectures on the Urinary Organs, fourth edition, p. 162.

\*\*\* Practical Observations on the Treatment of the Diseases of the Prostate Gland, 2 vols., London, 1818.

††† It is noticeable as a curious coincidence that most of the knighted surgeons have given us essays, articles, or monographs on this condition: witness Sir Astley Cooper, Sir Everard Home, Sir Charles Bell, Sir Benjamin Brodie, Sir James Fergusson, Sir James Paget, Sir Henry Thompson, Sir James V. Simpson; and in our country, though we have no knights in orders, yet of knights indeed, Gross, Pancoast, Mott, and Buck are equally worthy.

††† Medico-Chirurgical Transactions, vol. xl., 1857, pp. 76-105.

\* Lectures, in the Lancet, vol. iii., 1824, p. 239.

† Med.-Chir. Trans., vol. iii., 1812, pp. 171-189.

‡ Sir Henry Thompson, *op. cit.*, p. 212.

§ Professor Samuel D. Gross, M.D., LL.D., D.C.L. Oxon., "A System of Surgery," etc., eighth edition, Philadelphia, H. C. Lea, 1872, in 2 vols. 8vo; vol. ii. p. 832. See also his work on "Diseases of the Urinary Organs," Philadelphia, 1856.

|| John Ashhurst, Jr., M.D., "Principles and Practice of Surgery," Philadelphia, H. C. Lea, 1871, 8vo, p. 681.

¶¶ Medico-Chirurgical Transactions, vol. xxxix., 1856, p. 330. "An Account of the Arrangement of the Muscular Substance in the Urinary and Certain of the Generative Organs of the Human Body."

\*\*\* *Op. cit.*, p. 90.

men 50 years of age and above, examined by this distinguished author. Of these 43 specimens, two were unusually small, 14 were enlarged, or 32 per cent. The average age in the nine cases in which the enlargement was slight was 64 years. In the five cases where the enlargement was notable the average age was 69 years, none being younger than 61. The average age of persons of 50 years and upwards not affected by enlargement was 64 years.

Dr. John Cockburn Messer, in his "Report of the Condition of the Prostate in Old Age, founded on the Dissection of 100 Specimens in Individuals over Sixty Years of Age,"\* says that 35 per cent. of them were enlarged, 20 per cent. abnormally small, and 45 within the limits of normal weight. Where the gland was normal, of those above sixty years of age the average age was 76.2 years; where it was enlarged, 75.2.

He concludes that "This enlargement, which is found in 35 per cent. of all prostates after sixty years of age, is produced principally by hypertrophy of the fibrous tissue which naturally exists in the organ."

Dr. John W. Lodge, at the suggestion of Professor Gross,† examined 312 cases, with the following results:

Of 23 men aged from 40 to 50 years, 2, or 8.69 per cent., had hypertrophy of the prostate; of 94 men aged from 50 to 60 years, 18, or 19.14 per cent., had hypertrophy, and 3 atrophy, of the prostate; of 113 men aged from 60 to 70 years, 27, or 23.89 per cent., had hypertrophy, and 2 atrophy, of the prostate; of 64 men aged from 70 to 80 years, 11, or 17.18 per cent., had hypertrophy of the prostate; of 15 men aged from 80 to 90 years, 3, or 20 per cent., had hypertrophy of the prostate; of 3 men aged from 90 to 100 years, none had hypertrophy or atrophy of the prostate. Thus, in 289 men aged from 50 to 100 years, 59, or 20.45 per cent., had hypertrophy of the prostate.

Sir Henry Thompson (*op. cit.*, p. 67) calls attention to the fact "that among the twenty-nine unaffected were individuals of greater age than among the affected portion. . . . The period of life between 55 and 65 is that during which the affection is most commonly developed. I have never been able to meet with any instance of its occurrence before 50 years of age. On the other hand, it appears rarely to commence after 70. Where it exists, the disease has generally made considerable progress before 70 or 75."

This author seems to regard the fact of the affected having a lower average age than the unaffected as favoring his conclusion that enlargement, "far from being a change natural to old age, is an exceptional condition" (*ubi supra*). In our opinion, this fact favors the developmental theory of enlargement; for *what is life but developmental death, progressional in its ante-mature stage, and retrogressional in its post-mature stage?* If this be true, as we fully

believe it to be, those who died earliest reached maturity soonest, and, as a consequence, acquired enlargement of the prostate, the developmental accompaniment of old age, earlier than those who were more slow in maturing (developing, dying) and for this reason were, on an average, less aged at death.

All men do not lose their procreative power at the same age: indeed, some do not lose it at all. Hence, all do not have enlargement at the same age, or, dying before they are affected by a declension in this particular, do not have it at all. There is much greater disparity in the ages of men at the cessation of the procreative faculty than among women.

It is well known that the females of many kinds of birds, after they have lost the faculty of reproduction from age or other cause, but principally the former, assume some of the secondary sexual characters of the male, as the plumage, voice, habit, etc. Though the reproductive functions probably cease before death in a majority of female birds, yet this phenomenon is exceptional, and not confined in its appearance to any uniformity in age. So it is with the prostate: the subjects of enlargement are exceptional, and not limited to uniformity in age.

Those authors who contend that enlargement of this body is not due to venereal excesses‡ found their argument on the fact that very chaste men sometimes have the enlargement, and, moreover, it does not occur in men in the prime of life, when they would be most likely to indulge to excess in venery.

All these facts are easily harmonized with our theory; for the man with strong passions finally exhausts his powers, and, as the enlargement always takes place very gradually, he may, as old age approaches, have an hypertrophy of this body. The very chaste man has little passion, because his virility is not of a high developmental character; he is of a sluggish, phlegmatic temperament; his generative powers are feeble, and, as a consequence, he has a greater tendency to revert towards the female type than a passionate, masculine man. He is constitutionally weak in this particular, and congenitally less highly developed. The reason the man of intense passion does not suffer from enlargement is because his organism is under the domination of a very highly developed sexuality, which is self-evident from simply reasoning from cause to effect.

Mr. John Adams§ "cannot doubt that there is some necessary connection between declension of the powers of the generative system and the enlargement of the prostate."

A curious coincidence in the developmental change taking place in these analogous organs of the male and female after the procreative faculty has ceased, is brought out in the author's paper|| on

\* Medico-Chirurgical Transactions, vol. xliiii., 1860, pp. 145-176.

† Prof. Samuel D. Gross, M.D., LL.D., D.C.L. Oxon., "A System of Surgery," in 2 vols., fifth edition, H. C. Lea, Philadelphia, 1872, vol. ii., p. 831. See also his work on the "Diseases of the Urinary Organs," Philadelphia, 1856.

‡ It is curious to note another of the opposite conditions which favor enlargement of the prostate, compared with conditions which favor cancer of the uterus, viz.: It has been maintained that celibacy favors the development of cancer of the uterus, though Mr. Lever considers that his tables, comprising one hundred and twenty cases of cancer of the uterus, afford a complete refutation. See his article in Med.-Chir. Trans., Lond., 1839, vol. iv. p. 271.

§ The Anatomy, Disease, etc., of the Prostate, London, 1851, p. 87.

|| "Deaths from Cancers occurring in Philadelphia from January 1, 1861, to



the proportion of sexes in deaths from cancer, with the proportion of women dying before and after the climacteric. It is there shown that 60.8 per cent. of all the women who die of cancer of the uterus have passed the climacteric period. The average age of all those who died of cancer of the uterus was 49.08 years. Cancer of the breast was still more fatal after the forty-fifth year, as 78.5 per cent. of the deaths from this cause were of persons above this age. The average age at death from cancer of the breast was 56.84 years. Of all the women dying of cancer, 28.66 per cent. die of cancer of the uterus. Women, being less highly developed\* than men, are more liable to this developmental disease. We find in our table 2.32 females to every male dead from this cause.

M. Jolly, in his elaborate and exhaustive essay† of sixty-one pages on cancer of the prostate, considers that the rarity of the affection may possibly be a little exaggerated, though with all his assiduity he was able to collect only thirty-five reliable cases from the whole field of medical literature.

Professor Gross‡ says that cancer of the prostate is too rare and too little known to trace its history.

M. Tanchou§ found but five cases of cancer of the prostate among the 1904 men who died of cancer in Paris from 1830 to 1840. The proportion is 1 in 381 cases.

The writer, in his researches concerning cancer,|| found but two cases of cancer of the prostate body registered in the Health Reports of Philadelphia for the twelve years ending December 21, 1872. During this period, 788 men died of cancer in various organs. The proportion is 1 in 394 cases. One of these men was between 50 and 60 years of age at death, the other was between 70 and 80; both were natives of the United States.

M. Jolly† says, "Entre toutes les glandes, la prostate est une de celles qu'envahit le plus rarement le cancer. A une certaine époque, on avait même pensé que cet organe n'était jamais le siège de la dégénérescence, et c'est en France surtout que cette opinion a été défendue" (p. 377).

Jolly† (p. 592) gives the following table of particulars in the 35 cases he has collected:

From	1 to 10	years,	7 cases	(one in an infant of 9 months).
"	11 " 20	"	0 "	
"	21 " 30	"	2 "	

December 31, 1870; showing the Relative Proportion of Males and Females dying of this Disease, and the Percentage and Average Age of Women dying of Cancer of the Uterus,"—Journal of the Gynecological Society of Boston, September, 1872, pp. 201-4; also, "Statistics of Philadelphia, etc., from 1861 to 1871,"—Penn Monthly, September, 1873, p. 24; also, "The Relative Viability of the Sexes," etc.,—New York Medical Record, June 16 and July 15, 1873, p. 9.

\* "The Temperature of the Sexes an Indication of Relative Development,"—Philadelphia Medical Times, November 8, 1873; also, "The Laws of Transmission of Resemblance from Parents to their Children,"—New York Medical Record, August 15, September 15, October 15, and November 15, 1873, and pamphlet, p. 16; also, "An Inquiry into the Relationship between Development and the Sexual Condition in Plants, as indicated by Certain Heterogeneous Anomalies in the Arrangement of the Flowers of Zea Mays (Indian Corn),"—The American Naturalist, Salem, Massachusetts, 1873.

† Essai sur le Cancer de la Prostate, par Jacques Jolly, Interne lauréat des Hôpitaux, Archives Générales de Médecine, Paris, 1869, vol. i. pp. 577-594, 705-722; vol. ii. pp. 61-74, 184-198; in all, 61 pp.

‡ Professor Samuel D. Gross, M.D., LL.D., D.C.L. Oxon., "The Diseases of the Urinary Organs," Philadelphia, 1856, p. 179, et seq.

§ Recherches sur le Traitement médical des Tumeurs cancéreuses du Sein, Paris, 1844.

|| Deaths from Cancer in Philadelphia, etc., etc. See further, above, from Journal of the Gynecological Society of Boston, September, 1873, pp. 303-4.

From	31 to 40	years,	3 cases.
"	41 " 50	"	3 "
"	51 " 60	"	3 "
"	61 " 70	"	9 "
"	70 " 80	"	1 "
Total			35 "

The writer has brought forward several facts and arguments in the papers already mentioned, tending to show that the woman occupies an intermediate developmental or evolutionary position between children and men; in short, she is less highly developed than the man. It is also well known that females, when deprived of the domination of the ovaries, either by congenital absence, ablation, disease, or the natural cessation of the procreative function, take on some of the secondary sexual characters of the male, or, in other words, become masculine. Any of the same processes would operate to make the male effeminate. So we see that the female under such circumstances approaches the condition of the male, by a sort of progressional development, and the male, by a kind of retrogressional development, approaches that of the female; that is, they both tend to the intermediate sexual condition of hermaphroditism, the male being naturally above it, and the female below it, developmentally. One is reminded of Tennyson's|| admirable philosophy in this.

This approach is not only true of the sexual organs, but also of the composition and functions of other parts of the body. Thus, in old age (second childhood) the blood was found by Dennis, Le Caull, and Foedisch to contain a larger proportion of water than in ripe maturity, approaching in its composition to that of children in this particular. The temperature\*\* of the aged is lower, and the pulse more frequent, than in persons of middle age, approaching also in this particular to the condition in childhood.

It is not difficult, then, to understand that the prostate body, which remains undeveloped in the male so long as the organism is under the domination of the reproductive organs (testicles), should begin to develop when this influence is removed. So in the woman, when the reproductive faculty is extinguished at the menopause, or by ablation or disease of the ovaries, the uterus, which is the analogue of a part of the prostate in the male, degenerates, shrivels up, and is reduced in size. The uterus in the female diminishes in size from the same cause that the prostate increases in size in the male, viz., the deprivation of the domination of the sexual organs (testicles or ovaries). It would be interesting in cases of enlarged prostate to inquire whether there is loss of, or diminished, sexual power or vigor, as confirmatory of this theory.

It is no argument against this theory that enlargement does *not always* occur in old age, as one might imagine from the statements of the authorities cited; for all males or females, even when deprived of the essential organs of reproduction, do not develop

† "Yet, in the long years liker must they grow;  
The man be more of woman, she of man."

\*\* See further in the writer's paper on "The Temperature of the Sexes an Indication of Development,"—Philadelphia Medical Times, November 8, 1873, p. 3.

secondary sexual characters of the opposite sex, though it is the rule for them to do so.

It is a rule, therefore, that enlargement of the prostate occurs in the aged (being indicative of decline in, or extinction of, the procreative faculty) for the same reason and under the same circumstances that atrophy of the uterus takes place in the aged woman; both indicating a developmental determination towards an intermediate (hermaphroditic) sexual condition, caused by the elimination of the domination of the essential organs of generation (testicles and ovaries).

This theory is strongly corroborated by the fact of the very great frequency of cancer of the uterus (of all the women dying of cancer, 28.66 per cent. die of cancer of the uterus), and the very great rarity of cancer of the prostate body (of all the men dying of cancer, only .27 per cent. die of cancer of the prostate).

Now, it is well known that cancer is a degenerative process or retrogressive developmental disease, and attacks the mammæ, or glandular organs, and the uterus, a muscular organ, usually after they have ceased to perform their destined functions connected with reproduction. This being true, it is curious to note that the prostate is more or less enlarged in from 20 to 35 per cent. of all men dying after the fiftieth or sixtieth year; yet of all the men who die of cancer, only .27 per cent. die of cancer of the prostate, it being more than one hundred times less frequent than cancer of the uterus. The conclusion is, therefore, that, cancer being a disease which attacks organs that are degenerating, and itself further degenerating and destroying them, *the enlargement of the prostate body is not a retrogressive but a progressive developmental evolution of a congenitally under-developed homologue of the uterus.*

The fact being established of the development of female organs and secondary sexual characters in old men, that is, a tendency towards hermaphroditism (which latter is an intermediate state between the separate male and female condition), is altogether in favor of an opinion which we have deduced from numerous observations, viz., that *the type of all diacious species is sexually hermaphroditic*; that is, the man is as much above the type as the woman is below it.

We conclude, therefore, that *simple enlargement of the prostate body, far from being a diseased condition, is frequently, and indeed generally, but one of the exhibitions of the vibrations in the pendulum of developmental or evolutionary forces which determine and separate the sexes.*

PHILA., 2003 WALNUT STREET, December, 1872.

## SO-CALLED PSORIASIS SYPHILITICA.

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MY object in the present communication is to ask attention to an error in nomenclature. A definite and accurate system of words is in reality of greater importance to the progress of a science

than the majority are willing to admit. Nomenclature is to the scientific circle what language is to the people. It is an essential, without which there exists no means of conveying clear and distinct ideas from one individual to another. All science demands this *system*, and the more intelligible and perfect it is, the more easily will a knowledge of the subject be imparted. The more accurate and definite it is made, the more refined and exact will the science become. Too much care and attention cannot be exercised in guarding the subject, whatever it is, from ambiguity.

Dermatology at the present day needs a thorough remodelling of its *vocabulary*. Year by year incorrect, loose, meaningless expressions have been allowed to enter the list, until it has become so burdened and complicated with superfluous terms that the student entering upon the study of this subject becomes at once confounded and lost in the phraseology.

Among the expressions which are commonly used to denote certain varieties of skin-disease are to be found a number of *compound words*, of which no more unfortunate example can be presented than the so-called "psoriasis syphilitica." This term, originally intended to express a variety of one disease, is a very bad one, for it is calculated to mislead as to the nature of the affection. Let us investigate more closely. What are we to understand concerning the disease by the term psoriasis syphilitica? What is its nature? and, possessing such a name, where should it belong in classification? What is the student expected to know when he hears this expression? He is aware, perhaps, of the existence of two separate diseases of the skin, psoriasis and syphilis; he knows that psoriasis usually shows itself in uniform characters, and that, on the other hand, syphilis may appear in many different forms. But now he hears of and sees a "psoriasis syphilitica," a syphilitic psoriasis, and he is at a loss to comprehend the nature of the disease. The question arises, is it a psoriasis, a psoriasis vulgaris, such as is seen every day in connection with a clinic for skin-diseases,—a psoriasis influenced and altered by the poison of syphilis, and hence syphilitic? Or, on the other hand, is it a manifestation of syphilis modified by the presence of psoriasis? Or, again, is it merely a cutaneous form of syphilis bearing a resemblance in appearance to psoriasis? The first of these suggestions, that it is a *bona fide* psoriasis changed by syphilis, would certainly be the more justifiable inference from such an expression as psoriasis syphilitica. But such is by no means the actual condition. The disease which really exists in the so-called psoriasis syphilitica is not psoriasis at all, but syphilis. *There is not a sign or trace of psoriasis present.* This infiltrated, partially papular and squamous form of syphilis has received the name psoriasis syphilitica simply from its resemblance in appearance to psoriasis, a disease with which, however, as just stated, it is absolutely in no way associated. If this then be true, it is very evident that the term is a misnomer. Such it is, and as such it should be discarded. It has crept into our nomenclature through carelessness, as many other loose expressions have

done, but so manifestly inaccurate and dubious is it, that no time should be lost in abandoning it for something more definite. Let a term be generally adopted which will afford some idea of what the disease really is. The morbid process is syphilis, pure, unalloyed, manifesting itself upon the skin. It is a syphiloderm of a squamous form: hence the expression squamous syphiloderm has at least the advantage of conveying a clear conception as to the nature of the affection. Why make use of a compound word, composed of the names of two diseases so widely different as psoriasis and syphilis, for the purpose of expressing a form of *one* disease? Psoriasis and syphilis are two distinct pathological as well as clinical processes, having nothing in common. Why use the word psoriasis at all? There is no psoriasis present. Two distinct diseases are here compounded merely because one affection occasionally happens to bear some likeness to the other. Syphilis is made an adjective to qualify psoriasis, a condition which *does not exist* in connection with the so-called psoriasis syphilitica. Now, in the first place, the name of a disease should *never* be used as an adjective. Nor should the name of an already well-known disease ever be employed for the purpose of describing another affection. A disease should possess one name, and that name be retained exclusively to represent that disease.

Psoriasis syphilitica is a meaningless and inaccurate expression, and inevitably causes confusion and doubt in the mind of the student. Such terms are most disastrous to the advancement of dermatology, and should not be suffered to remain in our *language*. It is proper time that attention be given to the purifying of our nomenclature, and that all ambiguous and superfluous terms be abolished. Let us at least make the attempt to adopt a system of expression which will convey some idea of the subject to the intelligent student.

## NOTES OF HOSPITAL PRACTICE.

### PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

Reported by JOHN B. ROBERTS.

#### EXCISION OF THE ANKLE-JOINT FOR CARIES OF THE ASTRAGALUS AND INFERIOR EXTREMITY OF THE TIBIA.

A BOY has been in the hospital some time with disease of the bones of the foot, which is much swollen and has a large number of sinuses, all apparently leading in the direction of the astragalus, though there is probably disease of the tibia also, for the lower end of that bone is much enlarged. It is impossible to determine how extensive is the caries in the vicinity of the joint, without making a complete exploration of the parts by cutting down upon them.

If the disease is limited to the bones immediately concerned in the articulation, it may be possible to retain the foot by excising the ankle-joint; but if the bones are extensively carious, and especially if the calcaneum is involved, some form of amputation of the foot at or above the ankle will be required; though conservatism will be an object of consideration, in order to give the patient all available utility of the member.

If it were certain that excision of the joint would be proper in this case, an incision would be made upon the external aspect of the foot, and the astragalus dislocated outwards; but as a thorough examination of the condition of the bones must be made prior to a decision as to the character of the operation to be adopted, a free incision is made directly across the top of the foot, from the external to the inner malleolus, freely exposing the interior of the joint. This incision necessarily cuts off, upon the dorsal surface of the foot, the extensor tendons and divides the anterior tibial as it becomes the dorsal artery of the foot; but care is taken to avoid injury of the posterior tibial, upon the integrity of which will depend the nutrition of the foot, if excision is to be finally performed. Examination of the parts thus exposed shows the entire astragalus to be carious, as is also the lower portion of the tibia, the end of which shall therefore be sawed off, after the other bone has been removed by the gouge.

The measure finally adopted will very much depend upon the condition of the calcaneum, for if this is healthy it will determine the performance of resection of the ankle, provided that the other tarsal bones are sufficiently free from disease to permit their retention. If these latter, however, must be removed, it can be left to form part of the stump of a Pirogoff amputation; but if it also is carious, an amputation of the leg above the ankle will be necessitated.

Fortunately, it is found that the disease is limited to the end of the tibia and to the astragalus, and that the other bones of the tarsus are perfectly healthy. After a careful removal, then, of all portions of diseased osseous structure, the foot will be brought up into apposition with the sawn end of the tibia and fibula, and sutures introduced to hold the tissues together, constituting a complete excision of the ankle-joint.

Excision of the ankle-joint has not been very popular with surgeons, but in many instances exceedingly good results have been obtained after the operation. Dr. Levis mentioned a case, and showed a cast of the foot taken recently, where he had performed excision of the ankle fourteen years ago; and he believed it to be the first excision of that kind performed in this country. He stated that the girl was now able to walk gracefully, and even to dance upon the foot; for, although the ankle-joint is necessarily ankylosed, there has gradually been acquired a great latitude of motion between the other tarsal bones, so that the foot has regained a considerable amount of elasticity.

This boy, upon whom excision of the ankle-joint was performed six weeks ago, has been doing quite well since the operation; and, although he cannot yet bear his entire weight upon the foot, he has greatly improved in general health. There are here several sinuses leading to the joint, which render it probable that there may be some further caries of the bones, which, if present, will necessitate a slight operation for its removal before the patient will be entirely well; but it is certainly gratifying to think that the boy's foot was not sacrificed by amputation at the inferior third of the leg.

### JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROF. S. D. GROSS, M.D.

Reported by J. B. ROBERTS.

#### PROLAPSE OF THE RECTUM CAUSED BY THE PRESENCE OF A VESICAL CALCULUS—LITHOTOMY—CURE OF THE PATIENT.

THIS little boy, four years of age, has had, since he was one year old, symptoms of cystitis; and the great straining during micturition, which has continued down to the present date, has caused an enormous pro-



trusion of the bowel. This prolapse of the rectum, having existed for about two years, has been out for three months past without replacement, which it is said cannot be effected, and it is now five and a half or six inches in length. The length of the protrusion is so great that it is exceedingly probable that a portion of the sigmoid flexure of the colon is involved in the prolapse, as well as the rectum.

Prolapse of the bowel may be partial, as where merely a part of the mucous membrane of the intestine is found projecting beyond the anus; or complete, as in this instance, in which all the coats of the tube protrude, from invagination of the lower part of the alimentary canal.

The habitual contact of the delicate mucous membrane with the air and the urine which dribbles over it, has induced inflammation, giving rise to redness of the parts and the secretion of a muco-purulent fluid: indeed, in such cases it occasionally happens that strangulation of the protruded bowel occurs, from the pressure exerted by the sphincter muscle; but this complication, fortunately, is quite infrequent.

The cause of the affection is usually the straining incidental to chronic diarrhoea or dysentery, ascariides, vesical calculus, and similar diseases, associated with a relaxed condition of the floor of the pelvis and the muscular structures about the anus. The history of this case shows that the boy has great pain in the region of the bladder, and is troubled with frequent micturition, being unable to retain his water longer than half an hour: hence it is probable that there is a stone in the bladder, which, from the straining consequent upon its presence, has been instrumental in the production of this enormous prolapse of the rectum.

Upon the introduction of the sound, there is perceived, without the least difficulty, a stone, lying low down, and situated, apparently, directly at the mouth of the bladder, which has undoubtedly been the exciting cause of all this trouble. In order, then, to cure the patient, the extraction of this stone is demanded, for as long as it remains in the bladder it is useless to reduce the prolapsed bowel, which would be again protruded immediately upon the occurrence of straining, which will continue as long as the calculus remains.

The protrusion of the rectum renders the performance of lithotomy somewhat difficult, as it interferes with the introduction of the finger into the bowel, compels the operator to cut directly for the staff, and renders the exercise of extreme caution necessary to avoid injury to the gut.

The bladder having been injected with tepid water, I proceed to perform lithotomy by the lateral method, —entering the knife three-quarters of an inch above the anus, and cutting obliquely downwards a little below the rectum and midway between that viscus and the tuberosity of the ischium. The incision is first carried through the skin and superficial fascia, after which a portion of the levator ani, the transversus perinei, the triangular ligament, the membranous urethra, the prostate gland, and the neck of the bladder are successively divided. But it is unnecessary to describe more minutely the various steps of an operation which has been performed in your presence four times already within the past three months.

After the bladder has been opened, the calculus is seized by means of forceps, and withdrawn only with a great deal of difficulty, for the stone is nearly an inch and a half in length.

Replacement of the rectum will not be undertaken at this time, because there will be considerable tenesmus for a few days after the extraction of the stone: the mucous membrane, however, will be protected from the urine with which it must come in contact, by means of ointment of the oxide of zinc.

To-day the reduction of this prolapsed rectum will be attempted, for the boy has been doing exceedingly well since I removed from his bladder, eleven days ago, the large stone, weighing six and a half drachms; and there is not now that tendency to straining which generally exists for some time after the performance of lithotomy. The reduction is effected by gradually pushing up the bowel with the fingers, which have been previously oiled, in such a manner as to replace first that portion of the intestine which escaped last. By delicate manipulation the object is accomplished in this case without much difficulty, after which the action of the bowels will be controlled by opiates, and a compress held by a T-bandage applied under the perineum, to support the parts and guard against a reproduction of the displacement.

Here, walking before you, is the little patient who came to the clinic three weeks ago suffering from great prolapse of the rectum consequent upon the existence of vesical calculus. The perineal bandage applied at the time the bowel was replaced has been dispensed with for two days without any further protrusion, and now the boy, who for two years has been unable to stand or sit up, can walk about without inconvenience, so that to-day his mother will take him home cured.

## TRANSLATIONS.

### THE PATHOLOGY OF INFANTILE PARALYSIS.

IN the beginning of the year 1873 (Professor Roth, in *Bâle, Virchow's Archiv*) there died from diphtheria in the hospital at Bâle a boy who was suffering from spinal paralysis; and Professor Roth, through the kindness of one of his colleagues, had the opportunity of consulting the notes of the case and of making the autopsy.

The patient, a boy aged two years, was the son of a prostitute, and in the early part of the year 1872 could walk, but in February of that year, after an attack of some febrile affection, lost the power of locomotion. At his admission into the hospital in August there was incomplete paralysis of both lower extremities, which, however, was more complete upon the right side than upon the left. Under the application of electricity, the power of progression improved so much that the boy was at last able to walk, although there was frequently some dragging of the right foot. The diphtheritic deposit made its appearance upon the tonsils on the 21st of December, accompanied by an ill-smelling discharge from the nostrils, and was followed on the 27th by albumen in the urine, and œdema of the face and limbs. On the 4th of January, 1873, the boy died, eleven months after the appearance of the paralysis. The autopsy was made on the 5th, when the various organs of the body were found in the following condition. The limbs were very cedematous, and the various cavities of the body were dropsical. The tonsils were contracted by cicatrices, but there was no longer any diphtheritic deposit noticeable. The left ventricle of the heart was dilated, and there was a clot of the size of a cherry at its apex. The spleen was moderately enlarged, and the kidneys were larger than normal, and white and dense. The brain was not particularly altered, but the vessels of the pia mater were dilated and cedematous. When the dura mater of the cord was opened, a small quantity of fluid was discharged, and some adhesions of slight strength were found between the dura and pia mater, upon the posterior

part of the cord in the lumbar region. The larger blood-vessels of the same region were found much contorted and distended with blood. The anterior roots of the cauda equina were partly atrophied, were flattened, and appeared gray by transmitted light. When a transverse cut of the cord from the lumbar region was made, the gray substance of the anterior horns appeared of a dirty grayish-white color, indistinctly bounded towards the lateral fibre. In the dorsal cervical region the gray substance was of the normal hue and distinctly bounded; the posterior fibres, however, appeared more gray in color. Microscopic examinations were made of sections taken from various parts of the lumbar region of the cord, with the following results. In a transverse section made through the lower posterior fibres of the lumbar portion 23 mm. above the filum terminale, a very striking change in the anterior horn of the right side was found. Numerous nucleated cells were noticed, some of which were scattered through the tissues, while others were arranged in rows along the larger vessels, to the exterior coat of which they were attached. Between these cells there was a net-work of firm fibres analogous to fibres of connective tissue.

How far nerve-fibres were connected with this network was not determined. In this part of the section the multipolar cells had for the most part vanished; only after coloring with carmine and treating with Canada balsam could some solitary small ganglion-cells be noticed. Nerve-fibres containing marrow, which are usually seen running in the anterior horns both singly and in bundles, occurred only occasionally. These changes were noticed also in the base of the posterior horns, where some vessels covered with cells containing fatty nuclei could be seen running through the white substance towards the anterior notch and the anterior root. The bundle of axis-cylinders running from the gray substance towards the anterior root was contracted, and resembled dense fibres of connective tissue, while the region surrounding the central canal was normal. The anterior horn upon the left side appeared normal; the multipolar cells were numerous and of normal size.

For purposes of comparison, the anterior roots of the right and left sides were teased out, and upon examination the changes, as in the spinal cord, were found more pronounced upon the right side than upon the left. By the examination of sections of the cord at various positions, it was found that the evidences of inflammation extended through the entire length of the lumbar region, and that they manifested themselves in their greatest intensity in the middle and lower parts of that region, becoming gradually less marked above and below.

Professor Roth concludes from the post-mortem conditions that there existed eleven months before death, as the cause of the paralysis, an interstitial myelitis of the lumbar portion of the cord, situated especially in the gray substance of the anterior horn. The clinical observation that the paralysis was more marked upon the right side than upon the left agrees with the more marked evidences of inflammation found upon the right side.

The points at which the inflammatory products were found presented not only evidences of atrophy of nerve-fibres, but also an almost complete absence of large multipolar ganglion-cells. The consecutive atrophy of the anterior horn can be explained by the absence of nervous elements from the myelitic deposit, and this is more noticeable upon the right side than upon the left. From this it is certain that some cases of infantile paralysis are due to a myelitis of the anterior horns occurring at an early age as a consequence of acute disease. In other cases, however, the gray substance is not in-

involved, but the paralysis is due to a myelitis of the motor portion of the white substance of the spinal cord.

WILLIAM ASHBRIDGE, M.D.

#### GLYCOSURIA FROM THE ADMINISTRATION OF NITRO-BENZOLE.

DR. CARL ANTON EWALD, of Berlin (*Centralblatt f. die Med. Wissenschaft.*), has found that after subcutaneous injections of nitro-benzole in the guinea-pig, in quantities from 0.5 to 2 grammes, its urine upon being treated with animal charcoal affords a substance which possesses reducing powers and gives the characteristic reaction of sugar. This phenomenon is noticed as early as three hours after the experiment has been made, and continues until twenty hours have elapsed; and at the end of twenty-four to thirty-six hours traces of sugar have entirely vanished from the urine. The amount of sugar found is greatest four hours after the injection, when it reaches 1.9 per cent. But this may not be accurate, since a quantitative analysis of the urine was not made in all cases. In regard to the question of the influence of the splanchnic nerve upon the production of sugar in the urine, no conclusion was attained, because the animals which had been subjected to this operation died before the time requisite for the appearance of sugar had elapsed. In his experiments upon dogs he was unsuccessful in producing glycosuria by administering nitro-benzole hypodermically, but after giving it by the mouth sugar appeared in the urine in large quantities. If the different results from these experiments upon two classes of animals are constant, they may afford, upon the one hand, evidence of a characteristic difference in the action of the drug upon herbivora and carnivora, and, on the other, some clue as to the rationale of the production of sugar in the urine by the substance in question.

WILLIAM ASHBRIDGE, M.D.

#### POISONING BY CANTHARIDAL COLLODION.

DR. ERNST SCHWERIN, of Berlin, reports a case (*Berliner Klinische Wochenschrift*) of poisoning with cantharidal collodion. The patient, a woman aged twenty-three years, swallowed, through mistake, fifteen drops of the preparation. After about an hour had elapsed she was attacked with cramps in the lower part of the abdomen, for which, previously to sending for a physician, numerous household remedies were used. The doctor upon his arrival found the patient running about the room, with the arms crossed upon the abdomen, stopping after every few steps to void a few drops of urine, the passage of which was attended with intense pain. At times she fell into a species of catalepsy. The pulse was small and of moderate frequency. For some days albumen was found in the urine. Under treatment, she at the end of a few days was entirely recovered. It is interesting to notice that the sexual passion was not at all excited by the drug; and this goes to confirm the opinion of later observers, that the older physicians were mistaken in attributing aphrodisiac qualities to it.

WM. ASHBRIDGE, M.D.

ACTION OF ERGOT ON THE BLADDER (*Le Progrès Medical*, December 27, 1873).—Dr. Wernich affirms that the repletion of the bladder so often observed after the administration of ergot is due not only to a retention of the normal urine, but still more to a hypersecretion of the same fluid, provoked by the medicament.



# PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF  
MEDICAL AND SURGICAL SCIENCE.

*The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.*

*We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.*

*All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.*

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SATURDAY, FEBRUARY 14, 1874.

## EDITORIAL.

### MEDICAL JURISPRUDENCE.

A FEW weeks since, a Mr. James A. Grant died suddenly at Greensburgh, New Jersey, under circumstances which were deemed suspicious, and a coroner's inquest was the result. The manner of conducting this inquest and the circumstances of the case seem to us so illustrative of the atrocious system of medical jurisprudence under which we live, liable at any time to be persecuted even to the death by the ignorance or recklessness of doctors, judges, and juries, that we have extracted the following summary of the testimony from the *Trenton Daily State Gazette* of January 10, 12, and 13:

"Dr. Abraham Livezey testified that he was a druggist and office-physician; remembered a little girl coming to his store with a paper on which was written, 'Rad. sarsaparilla, half a pound; hydriod. potassæ, drachms four.' He weighed out the first article, took down the bottle containing the second and directed his clerk to weigh out the required amount, tasted it, remarked that it was 'salty,' and gave it to the girl. He had never sold any cyanide of potassium to any one, and kept the bottle containing it on the opposite side of the store from the one which held the iodide. All the packages he put up were marked. His clerk corroborated his testimony in every respect, and swore that he had read the words 'potassium iodide' on the bottle.

"Emma Grant testified that she had obtained the drugs as above described, but that only the package containing the sarsaparilla was marked, and that when Dr. Livezey tasted the medicine he said it was 'very bitter,' and that he 'pitied the person who had to take it.'

"Mrs. Grant gave an account of her husband's previous sickness, which was trifling. She had received the packages from her daughter, and about 7 A.M. on the following morning she mixed the white powder with twelve tablespoonfuls of water, and gave him two teaspoonfuls of the solution, followed by some tea to remove the taste, which, he said, was very bitter. Just as she turned away he threw himself down on his back, his face became extremely flushed, he turned and twisted as if in spasms, he gasped for breath, was entirely speechless, and died about eight o'clock.

"Dr. J. L. Bodine testified that he had made the post-mortem examination, and had found the lungs, liver, heart, spleen, brain, and kidneys healthy; that the stomach was ligated at both extremities and then removed from the body, and that on opening it there was an 'unmistakable smell of prussic acid or cyanide of potassium.' He was of the opinion that death had resulted from a poisonous dose of the latter drug.

"Drs. C. L. Minster, J. L. Taylor, and J. T. Corson were present at the autopsy, and corroborated the statements of the previous witness. They all agreed that the odor of the contents of the bottle from which the dose had been given, and that of the stomach, were identical.

"Edward Grant swore that he took a bottle from the room in which his brother died, and on the same morning gave it to a female friend, who put it in a closet, from which he took it in the following day and carried it to Dr. Isaac James, who testified that he had determined it was cyanide of potassium by 'the smell and the caustic effect on the skin.' He in his turn had kept the bottle until the next day, and had then sealed it and given it to the coroner.

"Dr. John W. Scudder swore that he had written the order as above, and had given verbal directions as to the mode of administration: when he reached the house the following morning the patient was dead. Mrs. Grant handed him a bottle, and said she was afraid she had given the wrong medicine; he tasted it, but detected nothing unusual in regard to bitterness; was present at the post-mortem, and agreed with Dr. Minster and the others.

"The jury, after deliberating for two hours, brought in the following verdict:

"We, the jury called to inquire into the cause of the death of James A. Grant, of the township of Ewing, in the county of Mercer, do find that the said James A. Grant came to his death on the sixth day of January, A.D. 1874, at his own residence in the township aforesaid; that he came to his death by having had administered to him a dose of cyanide of potassium.

"The jury aforesaid do further find that said medicine, taken as aforesaid, was sold by one Abraham Livezey, in Yardleyville, Pa., on Monday afternoon, the 5th day of January, A.D. 1874, on an order or memorandum written by Dr. John Scudder, and furnished for the use of the said deceased as iodide of potassium, but which, in the opinion of the jury, was cyanide of potassium, a poison, and that the putting up of said

medicine by Abraham Livezey aforesaid was an act of gross carelessness on the part of said Livezey.

"And the jury do further say that some stringent legislation is necessary in regard to the sale and compounding of poisonous drugs, by which the fatal mistakes so frequently occurring may be avoided, and the lives of the people better protected."

We might well draw a moral from the above sad story, as to the sins of apothecaries and the laxity of the law, but we forbear, and ask attention only to the medical testimony. Fortunately, we are spared this once the pitting of the so-called expert against expert; but as so much room has been left for this by the culpable laxity of the procedure, if the case ever comes into court, and Dr. Livezey finds it worth while to make a harder fight, we shall probably have another of these peculiarly American performances. In the name of decency, we ask, why was not a chemist employed to determine the presence or the absence of cyanide of potassium in the solution?—a question of a few moments' work. Instead of this obviously proper proceeding, although one doctor is represented as swearing that he tasted the deadly solution and could not perceive anything wrong, medical witnesses smell the corpse and smell the bottle, and parade their opinions that death was from prussic acid. These medical witnesses, it may be, were right in their opinions; but in cases of poison to opine when one can prove is simply to sin against society, to mock at justice, and to degrade, if it be possible, American medical jurisprudence.

It is an easy task to pull down, but often a very hard one to build up anew; and it is therefore with unfeigned pleasure that we have read an article by Dr. John Ordranax (*American Journal of Insanity*, January, 1874) in which the learned doctor proposes a scheme that seems at first sight eminently practicable.

He very truly says that the basis of all the trouble is the refusal of the courts to accord any distinct legal status to experts, and shows, as we have previously insisted upon, that the real fault lies not with qualified experts, but with the courts and their utterly stupid and contradictory rulings. In a recent case tried at Annapolis, we saw a learned judge seriously decide that a man was not sick because he was going about, and, therefore, refuse to receive evidence proving that he was sick.

The fundamental idea of the plan proposed by Dr. Ordranax is to remove the experts from the sphere of the witness and to give them a quasi-judicial authority. The matters in question are to be submitted for trial to a commission composed

of three experts (one appointed by the court and one by each of the contestants), precisely as issues of fact are sent by courts of equity to be tried before masters in chancery. This trial is to be preliminary to that before the court, in order to save the time of the latter.

This plan is very probably the best for cases of lunacy, and, it may be, in many other instances. But in poisoning-cases it may happen that the facts upon which judgment is to be formed are so different as told by the opposing witnesses as to require two distinct opinions; and it may be also that the facts are brought out only upon the cross-examination of the witnesses at the trial. For these reasons, any opinion framed before the trial would evidently be premature; so that we conceive that the facts should be submitted to the commission as fast as developed during the trial,—the opinion to be delivered at the close, after the evidence is all in. It would be a very rare case that would require more than a night for the commission to frame its opinion under the above circumstances.

IF nothing that a medical journal can say can affect our advertising hospital brethren,—if Siamese twins are to be made the platform for advertising only less monstrous than the subject which affords its pretext,—if the itch for notoriety which afflicts so many of the profession can't be cured by the counsel of brethren, we trust the following, taken from the *Galaxy*, a secular magazine, may reach at least one case:

"A social or political committee embraces W. M. Evarts, D. Webster, C. Cushing, and so on; but always G. Washington Squills, M.D., or, more modestly, Dr. G. W. Squills. For example, we see in the newspapers a public notice like this:

"The undersigned beg their fellow-citizens to unite in honoring with fit ceremonies the approaching anniversary of the birthday of Washington.

C. Cushing,	David D. Porter,
Dr. Timothy Tubbs,	W. T. Sherman,
Henry Ward Beecher,	T. W. H. Gallipot, <i>M.D.</i>
Gideon Welles,	Charles Sumner.'

"Are not such shows of titles a trifle ridiculous? Mr. Beecher does not write his 'Rev.' before his name, nor does Charles Sumner tail his LL.D. after it: it is only Tommy Gallipot that stickles for these things. I should think a doctor would feel cheap in thus advertising himself in an affair that has nothing to do with drugs, as in some matter of a committee upon a charity, or a flower-show, or a Christmas ball, or a testimonial to the genius of a nigger minstrel, or the celebration of the Fourth of July. But no; the smallest fry of a physician displays his titular grandeur alike when signing

his name to a communication on politics in the morning newspapers, or when leaving a visiting-card at his friend's in an unprofessional call."—*Galaxy for January*.

OWING to a mistake in a hastily-written letter, we were misled in regard to our figures as to the amount appropriated annually by Congress for the Army Medical Library. The usual appropriation has been five, not fifty, thousand dollars, and it is that sum which was asked for this year by those in charge of the library. On February 5 the appropriation asked for (five thousand dollars Army Medical Library—five thousand dollars Army Medical Museum) was restored to the bill in the House of Representatives.

### PROCEEDINGS OF SOCIETIES.

#### MEDICAL SOCIETY OF THE COUNTY OF ALBANY, NEW YORK.

SEMI-MONTHLY MEETING, JANUARY 14, 1874.

DR. JOHN SWINBURNE in the chair.

BY resolution, the President appointed a committee of Drs. Blatner, Freeman, and Bigelow to draft resolutions in reference to the death of Dr. J. H. Lasher; and a committee of Drs. James McNaughton, Boyd, and Quackenbush, to take similar action in reference to the death of Drs. Peter Van Buren and John F. Townsend.

#### DEATH FROM CALCULUS IN THE URETHRA.

Dr. E. R. HUN reported the following interesting case:

W. J., æt. 53, came January 26, 1873, complaining of difficulty and pain in passing water. He stated that while in the British army, twenty-four years ago, he contracted gonorrhœa, for which he was treated by astringent injections, which put an end to the discharge in a few days. For the next ten years he had no further trouble, until he suddenly was unable to pass water. The catheter was resorted to effectually, and for some time he had no further symptoms. About six years ago he observed that the stream of urine was becoming smaller, and that it took him a long time to empty the bladder; and said that a few years ago, after retaining his urine for some time and making forcible effort to expel it, he passed two or three small, gritty particles which occasioned very considerable pain. During the past three years he has never been able to pass water freely, and has several times suffered from retention, which has been relieved by warm baths and various internal remedies advised by friends.

His urine now was expelled drop by drop, and his underclothes were constantly wet with it. He was emaciated, and too feeble to do ordinary work. He did not rest well at night, and had but little appetite.

Upon attempting to introduce a silver catheter, it was arrested about an inch from the meatus by a firm, unyielding stricture. A No. 2 olive-pointed bougie could be passed through this stricture, but encountered another about two inches farther back, through which it was passed with difficulty, although stiffened by the introduction of a wire stilet. A third stricture was met with in the membranous portion of the urethra, after passing which, the instrument entered the bladder. Upon removing the bougie and examining it, he was

surprised to find it cut and scratched on its exterior as if it had been drawn on some hard and jagged body. Dr. Hun then felt along the urethra, and found a calculous mass lying between the second and third stricture which could be pushed up and down the urethra. He endeavored to dilate the anterior stricture by graduated bougies, but it was so firm and unyielding that he made no headway.

A short time after he first saw the patient, the State Society met in Albany, and Dr. Otis, of New York, exhibited his new urethrotome, which he (Dr. Hun) thought would be just the instrument for such a case as the one above described, and therefore asked him to meet the patient at his office, which he did, and tried to introduce the instrument. The stricture, however, would not admit it, and Dr. Otis then tried to enlarge the passage with a Maeraman's urethrotome. After considerable difficulty, he succeeded in passing through the largest-sized blade of Maeraman's, and followed it with his own instrument, but not without using force, so dense and unyielding were the fibrous bands forming the two anterior strictures. The doctor then, by means of the screw in the handle, opened the blades of his instrument so as to dilate the strictures preparatory to dividing them, but after a few turns of the screw the blades became clogged with the calculous material contained in the urethra, and he could neither open nor shut it. He managed to withdraw it with great difficulty, and the pain occasioned by the process was so great that the patient refused to allow anything more to be done, and insisted upon going home. He was seen the next morning by Dr. Hun, who found the penis much swollen. He had passed only a few drops of urine, and the bladder was distended. He was advised to have the calculus removed by external urethrotomy, and allow exit to the urine, but obstinately refused. He persisted in his refusal for four days, although in the mean time he suffered great pain, and the urine only came away drop by drop.

On the fifth day after Dr. Otis had seen him, he consented to go to St. Peter's Hospital, when he was at once etherized, and Dr. Swinburne opened the urethra just in front of the posterior stricture, when the calculus, one inch in length, and sufficiently large to fill the urethra, besides small pieces of gravel, was removed. The gum-elastic catheter was then passed into the bladder, when a large quantity of offensive urine passed off. The whole penis was sloughing from urinary infiltration; the scrotum and several points in the groin were incised, and gave vent to purulent matter having a strong urinary odor. The patient gradually sank, and died forty-eight hours after the operation.

No autopsy could be obtained.

Dr. Hun remarked that from the size and shape of the calculus it must have been in the urethra for a long time, and that it was an interesting point to determine whether it originally formed in the dilated portion of the urethra between the two strictures, or whether it passed from the bladder as a small particle of gravel and afterwards increased in size by the deposit of phosphatic matter from the urine, which was constantly retained in the pouch in which it was found. The doctor favored the latter opinion, from the fact that particles of gravel were found with it. He remarked that, from his experience in this case, he should not attempt to dilate the stricture, but would perform at once external urethrotomy, in similar cases.

Dr. HENRY MARCH mentioned five interesting cases among those having occurred in the practice of his father, Dr. Alden March.

#### OLD EYES MADE NEW—INTRAOCULAR RUPTURE.

Dr. C. A. ROBERTSON addressed the Society as follows:—I present for your observation a picture cut from



an advertisement representing a cup about to be applied over the eye of a person by the hand, which holds an elastic india-rubber ball. Below you may read the glowing exclamation,—

**"RESTORE YOUR SIGHT!** *Spectacles and surgical operations rendered useless! The inestimable blessing of sight is rendered perpetual by the use of the new patent improved eye-cups."*

In displayed type it is announced that—

*"Mrs. Rev. Henry Ward Beecher, after using the ivory eye-cups, ordered a pair for the wife of Rev. Charles Beecher, of Georgetown, Massachusetts."*

I deem it a duty to utter a warning against the employment of this cupping apparatus, as not only a sheer imposition, since it is false in principle, but as also exceedingly dangerous to the well-being of the eye. It is an old contrivance for the purpose of gain, and is palmed off regardless of the consequences that dupes may suffer. A few years ago an advertisement appeared in the journals to this effect:

**"Old Eyes Made New!** Send for a pamphlet, price ten cents." The ten cents would bring back a pamphlet containing a description of the cups, stating how the eye flattened by age could be restored to its pristine state, and giving numerous testimonials of their efficacy. Of course these were all false. I was told that these cups were made at a factory at or near Hudson, New York. The pair which I saw were turned out of wood; instead of the single cup and clumsy hollow ball to exhaust the air, represented in our picture, which can cup only one eye at a time, there were two little wooden cups, each furnished with a small piece of india-rubber tubing that connected in a Y-shape with a larger tube. The rejuvenator of his eye was required to place the main tube in his mouth, apply the cups over his senile eyes, and then suck away.

It is hardly necessary in this Society to dwell on the dangerous congestion of the delicate structures of the eye inevitably incident to this dry-cupping operation; to the liability of rupturing delicate blood-vessels within the eyeball, or to mention (all risk being set aside from consideration) that the convexity of the cornea which could be produced must inevitably be very transient, and the reaction to its former shape very rapid. You remember the old Roman proverb, "Drive out nature with a fork, and she will come running back." The idea that the eyeball possesses such plasticity that it could be altered in form by external force being applied, was conceived by Benjamin Franklin. He advised pressure with the thumb and fingers around the eyeball, so as to force the flattened front of the eye or cornea into a greater degree of convexity, and by consequence increase its refractive power and obviate the necessity of spectacles. There were, however, two serious errors in the premises from which Franklin reasoned. One error was the intenable assumption that the cornea can be moulded into convexity so as practically to compensate presbyopia or old-sight; the other was the notion that the sight fails in advancing years from a flattening of the eye.

This latter notion still remains in the popular mind, and it is also generally supposed that near-sightedness is the opposite of old-sight (sometimes called far-sight), and, being due to excess of convexity, that the defect of near-sight will diminish as age advances. Although occupying still a place in text-books of natural philosophy, these notions are to-day demonstrated erroneous.

It has been proved by actual measurement that the cause of near-sightedness is the too great length of the eye from front to back, and a consequent formation of the visual image is front of the retina instead of upon it. In order to throw the image farther back, a concave glass to divide the rays of light is required. This defect is therefore structural or anatomical. Not so, how-

ever, in presbyopia. The sight of those who require spectacles for reading or sewing does not fail for perceiving distant objects. It is only in looking at small objects near by that the necessity for glasses is felt. If the small object is near by, the object refuses to focus or accommodate so as to make an image on the retina as in youth. If it is removed to a greater distance, a very small object will not form in the eye a sufficiently large image to excite visual sensibility. The long-mooted question as to where the power of focusing or accommodating for different distances is situated has been incontrovertibly settled, and it has been conclusively shown that varying degrees of convexity of the crystalline lens, and especially of its anterior face, determine the accommodation.

Helmholtz, by a delicate instrument, measured the image of a candle-light reflected on the front surface of the lens, and found it greater when the eye was regarding distant objects than when regarding near ones. As the size of an image made by a convex mirror is in inverse ratio to the degree of curvature, it follows from the experiment of Helmholtz that the anterior reflecting surface of the crystalline lens is less convex in regarding distant objects than when accommodated for near objects. Helmholtz also found that no change took place in the size of the conical image reflected from the cornea while vision was accommodated, whether for a near or a distant point. When the lens is wanting, no accommodation exists. It has been determined by careful observation of many thousand cases that the power of accommodating for a near point sensibly diminishes from the age of ten years, as the lens becomes firmer, until at about the age of forty it cannot achieve sufficient convexity for accurate definition of fine objects close at hand, and the necessity arises for augmenting the refraction artificially,—in other words, for using convex glasses, the ordinary spectacles of elderly persons.

From these considerations it is clear how radically erroneous is the theory that presbyopia may be cured by modifying the convexity of the eye, or cornea rather; and it is also clear that failing sight is owing to a physiological change or hardening of the lens, which begins at an early age.

I have said that these eye-cups are dangerous, and that warning should be given against their employment. In proof of this I will relate a single case.

Mrs. B., the wife of a wealthy gentleman in a neighboring city, found her sight failing: she did not like to resort to the use of glasses, and, having seen the eye-cups advertised as a sure cure, she tried them. After a short time, the sight of one eye was lost. She therefore consulted an oculist of high repute in another city, who examined her eye with lenses and artificial light and stated to her that she had a cataract.

On her return home I chanced to spend a Sunday with friends in the city where she resided, and her husband requested me to ride out to his residence, and, if possible, to cheer her up. Assuming the diagnosis given as a foregone conclusion, I was a good deal perplexed as to what I should say to do so; but, after having engaged in conversation with her, I requested her to give me the history of her case. She stated that her sight was good until within a few weeks, except that she felt the need of glasses; and she went on to speak of using the eye-cups. One day, she said, a black spot appeared before the right eye, and almost immediately it seemed to shoot out processes like a spider's legs, and her sight was soon gone. This history the gentleman alluded to had not sought before committing himself to the diagnosis of cataract.

I was glad to find in her account of the manner of losing her sight some ground for encouraging and cheering her, without even troubling her to submit to

an examination of the eye, which she seemed to dread lest it should only confirm the opinion already received. I assured her that I was confident that my friend had made a mistake, and that she had no cataract; for her history of the case, and the manner of invasion of her blindness, negated the probability of it. I gave my opinion that by the use of the dangerous eye-cups she had ruptured a small blood-vessel, and that the appearance of the spider-like spot was due to intraocular hemorrhage, which I believed would be absorbed and her sight restored. I advised her to keep quiet in a shaded apartment, give her eyes absolute functional rest, and throw her eye-cups into the fire. I had the gratification to learn by letter from her husband, within three or four weeks after, that her sight had completely returned.

I regard this as a fortunate escape for her, for it is not always that the effects of intraocular hemorrhage disappear so completely.

#### CASE OF PNEUMONIA.

Dr. JAMES P. BOYD, Jr., reported the following case: A few months ago a patient was admitted at St. Peter's Hospital, with the following history: Age 26; Irish; laborer; he stated that a few days before coming to the hospital he had a chill, followed by feverishness and loss of appetite. His previous health had been good. On the evening of admission the temperature was 102°, pulse accelerated, respiration normal, and otherwise nothing of interest. A laxative was prescribed, and the ordinary diaphoretic. The second night after admission he became delirious, and was with difficulty kept in his bed. He told the attendants at this time that "his bladder had burst, and that he could not pass his water." Previous to this he had passed his water regularly and without difficulty. A catheter was introduced by the house-physician, and a moderate quantity of highly-colored urine drawn off. Nothing abnormal was discovered in the region of the bladder and urethra. Urine found to contain urates in abundance. On the following morning temperature 104°, pulse 90. His face was now somewhat flushed; pupils normal; delirium continued during the day, but was of a good-natured character. The patient's gait on attempting to walk was unsteady. On the evening of this day the temperature was 105°, pulse was 100. The fourth day after admission the temperature in the morning was 103°; evening, 105°. Fifth day, temperature, morning, 103°; evening, 103.5°. Sixth day, temperature, 103°; evening, 105°. Seventh day, morning, 103°; evening, 104°. Eighth day, morning temperature 104°; evening, 105°. Up to this date the urine had been drawn off regularly; the delirium had continued, although not so marked as at first; the respiration had been easy; the patient had complained of no pain. On entering the ward at this date I observed for the first time that the breathing was hurried, and that the lips were slightly cyanotic. He did not cough. On examining the chest I found slight dullness over lower lobe of right lung, and not very marked dullness over left lung. Crepitant râles were heard on the right side of chest; the chlorides were found to be diminished in quantity in the urine. Ninth day, temperature, morning, 104°; evening, 105°. There was increased dullness over the lower lobes of both lungs; fine crepitant râles over both sides of chest. A herpetic eruption on the lips; increased cyanosis; cough for the first time. Tenth day, temperature, morning, 105°; evening, 105°. Complete dullness over lower two-thirds of both lungs; bronchial breathing; bronchophony; increased vocal fremitus. Twelfth day, temperature, morning, 106°; evening, 107°: this was the highest point reached in the disease. The characteristic rusty sputa of pneumonia were present. From this date the temperature fell, and slowly returned to the normal

standard of health; the bronchial breathing and bronchophony gave place to the *râle* *redux*; the dullness gradually disappeared, and the lungs once more were in normal condition. The patient was in the hospital six weeks, and confined to bed four weeks; he was then discharged, cured.

The treatment consisted in the use of the oil-silk jacket, quinine, carb. ammonia, and nourishing diet.

The points of interest in connection with the case are, first, the length of time existing between the chill and first symptoms of trouble in the respiratory apparatus; second, the slowness of the pulse when compared with the high temperature of the disease, to which the German authors call attention; third, the absence of all pain and cough until after the disease had been fully established; fourth, the well-marked stage of delirium.

#### FALLOPIAN SALPINGITIS.

Dr. JAMES P. BOYD, Jr., also reported the following case, and remarked that the specimen presented was taken from a woman aged 25; married; never had children; had lived fast; died in a fit of intoxication while suffering from Bright's disease. The liver was fatty, and weighed seven pounds; osseous deposits on mitral and aortic valves; membranes of brain thickened and opaque; kidneys enlarged and fatty; mucous membrane of stomach dark red, and congested; evidences of chronic inflammation. External genital organs perfect. Uterus normal in size; virgin cervix; mucous membrane of cervix and fundus in a state of chronic inflammation, and covered with a thick, tenacious substance which on examination is made up of pus-corpuscles, fat, and débris of epithelium. Very slight and beginning cell-proliferations in tissue adjacent to mucous membrane. The Fallopian tubes admit a very fine probe for a distance of about three-fourths of an inch, beyond which point they are impervious. The tubes for the distance of three-fourths of an inch from uterus are straight, and under the microscope present nothing special. The arborescent arrangement of folds of mucous membrane remains, but the epithelium is destroyed, and pus-corpuscles are numerous. About one inch from uterine mouth both tubes are evidently dilated, and terminate in fluid sacs over the ovaries. The fimbriated extremities cannot be recognized. The abdominal extremities of both tubes are bound by firm adhesions to ovaries. The mucous membrane of the dilated tubes is replaced by a smooth, shining membrane consisting mainly of cellular tissue, and covered by some cells of flat form. The remaining coats consist mainly of cellular tissue. Contents of each tube weigh two ounces, and consist of a greenish, gelatinous substance, which, on examination, is found to contain pus, fat, and granular bodies. Ovaries are about normal in size, and on section show numerous small cysts. Both ovaries firmly bound to the tubes.

#### REVIEWS AND BOOK NOTICES.

STATEMENT OF THE TRUSTEES OF THE PENNSYLVANIA STATE LUNATIC HOSPITAL IN REGARD TO CERTAIN CHARGES OF THE BOARD OF PUBLIC CHARITIES OF PENNSYLVANIA. Harrisburg, 1874.

It is an old saw, that one story is good until another is told, and the present seems an illustration of the wisdom of the saying. In a recent editorial founded upon the "Plea" of the State Board of Public Charities, we cast reflections upon the management of the Harrisburg Asylum, at least so far as concerns the reception of patients. Frightful evil and abuse certainly exist somewhere, and we somewhat hastily, perhaps, as-

sumed that the State Board were correct in laying at least a part of the abuse at the door of our State Asylum. The present pamphlet denies this, setting forth and seemingly establishing the following propositions:

"1. That the Trustees at all times, until the wards of the hospital became crowded, received all patients who were brought to the Hospital.

"2. That when the wards of the Hospital became crowded, the Directors of the Poor of the counties, and the Overseers of the Poor of the townships, were distinctly and uniformly told that any recent cases they might have in charge would be admitted at any time without waiting for the formality of writing, but that, as the law distinctly gave the preference to recent cases, cases of many years' standing could not be received.

"3. That patients have not been sent away by the Trustees 'if not speedily curable,' but, except in certain cases to be mentioned afterwards, were retained as long as the Directors or Overseers could be induced to leave them.

"4. That preference has never been given to paying patients; but they were received with the distinct understanding, expressed in words in the bonds signed by the friends who are responsible for their expenses, that they were to be removed whenever required to do so by the Superintendent.

"5. That of the class of paying patients, a very limited number only could be classed under the term rich; but the great majority either had no means of their own and had to be supported by their friends, or had limited incomes which allowed them only to pay the lowest rate of board, and clothe them, and many could not pay more than the amount charged to the public authorities.

"6. That the Trustees of this Hospital have, year after year, in their published reports, urged the great and pressing necessity of more hospital accommodation for the insane poor of Pennsylvania.

"7. That persons acquitted of crime committed while laboring under mental disorder, and consequently irresponsible, have not been refused admission into the hospital until the wards became crowded, and then only on the provision of the law in regard to recent cases having the preference.

"8. That in the first report of the hospital, as in a great many subsequent reports, the Trustees have urged the establishment of a separate institution for insane criminals, meaning by that term a peculiarly dangerous class of criminals in the jails and penitentiaries; and also that they presented to the Legislature of 1863 a memorial praying for the establishment of such an institution."

We confess this controversy is getting beyond us; and an elaborate investigation of the whole matter is needed,—not to discover who is to blame, for that to the public is of trifling importance, but to get at the best method of reform. The subject is now before the legislature, and we trust that august and most honorable body will give it their best attention, and, having heard all sides and received the views of all who are worthy to be listened to, will come to a wise and righteous decision.

**A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN.** By J. FORSYTH MEIGS, M.D., and WILLIAM PEPPER, M.D.

Most good scientific books, like human beings, improve for a time after they come upon the stage of action, but sooner or later suffer from the decrepitude of old age and go halting and limping out of sight. The treatise before us is quite an old one, but, owing to the wisdom of its originally sole author in joining to himself some four years ago an associate at that time young in years but rich in lore, and also in leisure,

the book renewed its youth, and started on a fresh career of usefulness. The popularity we predicted for it then has been enjoyed, and in the presence of this verdict we merely say, amen. In the present edition, the articles on diseases of the heart, on progressive muscular sclerosis, on the treatment of scarlet fever and of measles, on variola, and on vaccine disease have been rewritten, and chapters upon pulmonary emphysema, pneumothorax, affections of the tonsils, retro-pharyngeal abscess, malarial fevers, and scrofula have been added. Rendered thus more perfect and exhaustive, the book is still more worthy than before to rank as the most complete treatise upon the subject in the language.

**A UNIVERSAL FORMULARY.** By R. EGGLEFIELD GRIFFITH. Third Edition; carefully revised and much enlarged by JOHN M. MAISCH. Philadelphia, H. C. Lea, 1874.

This new edition of a well-known book reminds us of the woman in the Scriptures who had suffered many things of many physicians,—each issue of the volume having been superintended by a new editor. The merits and demerits of the work are too well known to need comment from us, and the name of Professor Maisch is sufficient guarantee that so far as concerns pharmacy the edition is well up to date. In looking over that portion of the book which deals with poisoning, we find much that has a "very ancient and fish-like smell."

**CLINICAL RESEARCHES IN ELECTRO-SURGERY.** By A. D. ROCKWELL, A.M., M.D., and GEORGE M. BEARD, A.M., M.D. New York, William Wood & Co., 1873.

This little brochure of seventy-one pages is chiefly composed of reports of cases in which electrolysis or the galvanic cautery was employed. By surgeons it will be read with pleasure.

## GLEANINGS FROM OUR EXCHANGES.

**EXAMINATION OF THE BLOOD-GLOBULES IN LEAD-POISONING.**—M. Malassez made known to the French Biological Society (December 6, 1873) his conclusions relative to the alterations which take place both in the number and in the size of the red blood-globules, and reported his observations on eleven cases of lead-poisoning.

The normal mean number of red globules, 4,500,000 per cubic millimetre of blood, is reduced to 3,700,000, or to 3,200,000 during the presence of the acute symptoms.

The deficiency in the number of globules is more or less marked, according as the workmen are in a greater or less degree exposed to the lead-dust while practising their trade. In those poisoned the red globules are not only less in number, but they are also increased in size: they present in fact a diameter of the nine or ten thousandth part of a millimetre, seven and eight being the normal average. This increase in the dimensions of each globule is not compensated by the diminution in the number, and renders the circulation difficult in the fine capillaries.

M. Bouchard has estimated the *urochrome* of the urine of those poisoned by lead, and has proved that this coloring-matter is increased in quantity when the acute manifestations, arthritis, colic, and head-symptoms, are present. There must be, therefore, considerable activity in the destruction of the red globules during the acute period of the disease, which shows that hæmatic icterus comes on when the kidneys are not able to eliminate the *urochrome* resulting from this destruction.—*Le Mouvement Medical*.



**THE GLANDS OF THE STOMACH.**—M. Lépine made the following communication to the Biological Society of Paris at the session of December 6, 1873: The conclusion which M. A. Bernard has drawn from his numerous experiments is that the glands of the stomach are not acid, and that it is only the surface of the mucous membrane which presents reactions of this nature; but some German authors, Heidenheim among others, have made researches upon this subject which have led to contrary results. M. Lépine, however, has re-performed a series of experiments, the results of which verify the conclusions of Bernard. Taking the mucous membrane of the stomachs of dogs killed by section of the medulla oblongata, he has observed that this membrane becomes stained in patches when a solution of ferrocyanide of potassium is applied to one part and some sulphate of the peroxide of iron to another. Prussian blue is formed, but only on the surface of the mucous membrane, and not in the glandular cul-de-sacs.—*Le Mouvement Médical*.

**INTRA-VEINUS INJECTION OF WATER IN A DOG—DEATH.**—M. Laborde presented, at the same session of the Biological Society of Paris, the viscera of a dog into whose veins he had injected, in one hour, a litre and a half of tepid water. Death followed quickly. He found apoplectic lesions and great congestion of the lungs, ecchymosis in the interior of the walls of the left side of the heart, and intense hyperæmia, with tumefaction and a violet coloration of the mucous membrane of the stomach and intestines. M. Laborde reports that during the previous week the dog had taken each day one gramme of sulphocyanide of potassium.

The author has yet to determine the cause of the above alterations.—*Le Mouvement Médical*.

**THE INTRA-UTERINE STEM** (*The Lancet*, December 27, 1873).—Dr. Routh recommends the use of the intra-uterine stem—1. In cases of *membranous cervix*. 2. In cases of *amenorrhœa* not due to anæmia, but to a stoppage from some other accidental cause. 3. In cases of *dysmenorrhœa*, whether due to mechanical obstruction or to neuralgic trouble. 4. In cases of *uterine flexion*. He believes the necessary conditions in the formation of an intra-uterine stem to be that—1. They should allow an omnilateral movement of the uterus. 2. They should not be longer than two inches, save in exceptional cases, in order that they may not touch the fundus uteri. 3. They should be bicornate superiorly, so as to be retained in utero. 4. Their diameters should not be too small. 5. They should be light, and not easily corroded.

**FORMULA FOR INTERTRIGO.**—M. Legal recommends the use of subnitrate of bismuth in eruptions caused by scratching, induced in turn by the itching of intertrigo. Glycerin is employed as an excipient, because it does not become rancid, and the tincture of cochineal to give a color. R Subnitrate of bismuth, glycerin, of each eight grammes; tincture of cochineal, twenty drops.—*Boston Medical and Surgical Journal*.

**ARTIFICIAL PRODUCTION OF RICKETS AND MOLLITIES OSSIUM.**—C. Heitzman has shown by experiment that mollities ossium and rickets are identical processes, which may be produced artificially in animals by giving them lactic acid. In carnivora, the continued use of lactic acid causes first rickets and then mollities ossium, while in herbivora it produces mollities at once, without rickets.—*London Medical Record*.

**FRACTURE OF THE CORACOID PROCESS OF THE SCAPULA, BY MUSCULAR ACTION** (*The Lancet*, November 22, 1873).—A miner, æt. 57, slipped on a bank in the act of passing through a wire fence, and in falling his

left arm caught in one of the wires. He instantly felt a severe pain in the fingers, followed by loss of power in the arm and inability to raise the elbow from the side. On examination, it was found that the coracoid process of the left scapula was fractured and drawn downwards. This was treated in the usual way, and resulted in a cure in about two months.

**TREATMENT OF TYPHOID FEVER.**—The Paris correspondent of the *British Medical Journal* reports a lecture of M. Béhier's upon the diagnosis and treatment of typhoid fever. He urges particularly the use of the thermometer, and asserts that with this instrument alone he can diagnose typhoid fever from any other affection. His treatment consists of hydrotherapy and alcohol, and is, he says, refrigerant in the true sense of the word. He prescribes three baths a day, at a temperature of 68° Fahr., the patient to remain in for fifteen or twenty minutes at a time.

Intestinal perforations, old age, pregnancy, and menstruation, he considers to be contra-indications to the employment of the cold bath, but in every other case he has recourse to this heroic remedy, even in pulmonary complications; and, though he does not look upon it as a specific, he has found it to be almost infallible. As to the use of alcohol, whether as a food or medicine, he believes it to be invaluable in typhoid fever and in all inflammatory affections whether acute or chronic. In typhoid fever he prescribes eighty grammes (about two and a half ounces) of brandy daily, with an equal quantity of water, administered in divided doses.

Professor Sée is not so enthusiastic as to the curative powers of cold baths and alcohol in typhoid fever. He contents himself with an occasional bath or sponging the body with vinegar and water, and, instead of brandy, he prescribes wine and water, administering at the same time small and repeated doses of quinia.

**LIGATURE OF THE DUCTUS CHOLEDOCHUS** (*Le Progrès Médical*, December 20, 1873).—M. Odige tied the ductus communis choledochus in a dog, which survived the operation for fifteen days. A very few hours after the ligation he was able to recognize the presence of bile in the urine, thus apparently invalidating the statement of Frerichs, that coloring-matters could not be found in the renal secretion for thirty or forty hours. He believes the latter author could not have tied all the biliary ducts. He found that no discoloration of the skin was manifest until later.

**GALVANIZATION OF THE SYMPATHETICS** (*Le Progrès Médical*, December 27, 1873).—M. Onimus has found, by ophthalmoscopic examination, that the vessels around the pupil dilate during electrization of the superior cervical ganglia, and the circulation becomes more active when the electrodes are placed on the skin about on the level of the latter. He has applied this observation therapeutically, and in three advanced cases of atrophy of the optic nerve he has galvanized these ganglia. Although the treatment did not produce a complete cure, he obtained a marked amelioration, probably attributable to the influence of the electrization upon the activity of the retinal circulation.

**ALLEGED CURE OF LEPROSY.**—The *Friend of India* reports that the Madras surgeon in medical charge of the penal settlement at Fort Blair believes he has made a valuable discovery in the cure of leprosy. He is of opinion that leprosy can be cured by the oil of the gurjun-tree. Every leper in the settlement is, it is stated, being cured fast of this loathsome disease. In no case has there been the slightest failure, and the disease has been arrested at every stage.—*Druggist's Circular*.

## MISCELLANY.

**HORNET-STING.**—In addition to the local irritation produced by the stings of bees, hornets, and wasps, severe and even fatal results are sometimes known to ensue. In a case observed by Dr. R. M. Cooper, a lady, having accidentally approached a hornets' nest, was stung six times upon the crown of the head, through a sun-bonnet, and four times on the back of the neck. She suffered severely at the time from the stings, and was found by the physician, an hour afterwards, in a cold, collapsed state, with pulse thread-like and almost imperceptible. Though her condition appeared at first to be a critical one, under the influence of active stimulants she eventually rallied. Upon the following day an intense itching was experienced over her whole body, which was found to be the seat of an erythematous eruption. This eruption disappeared at the end of thirty-six hours.—*Transactions of New Jersey Medical Society.*

**REVOLT OF LUNATICS.**—A revolt occurred a few days ago in the lunatic-asylum of St. Andrew's, near St. Petersburg. While the keepers were at dinner the patients burst into a room where some arms were stored, and, having distributed them, prepared for resistance. The wardens endeavored to calm them by argument, but ineffectually, and some of the keepers, having approached too near, were seized and attacked with sword-cuts. Five were killed and two seriously wounded. Recourse was then had to famine; but forty-eight hours' fast was endured before the madmen laid down their arms. Six of the most furious have been placed in separate cells, with strait waistcoats on them.—*Recent paper.*

"THE noisy and pretentious form of medical superstition which was introduced by Hahnemann is passing to decay through the customary intermediate stage of a dying delusion,—the stage of fraud."—*British Medical Journal.*

## NOTES AND QUERIES.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

SIR,—I have been a reader of the *Times* for over a year, now, and can say for it that it is the best medical journal published, as I have been a reader of almost all American, also some English and German journals, but none come up to the *Times* for variety of medical news. The report of thirty cases of chorea in the number for January 3, 1874, made me think of reporting ten cases that I have treated during fifteen years. Of these, eight were females, and two males; the oldest 14, and the youngest 7. Most of them were treated with strychnia and iron, and some with arsenic and iron; zinc I have never used; in one case ether spray to the spine acted like a charm. This was a bad case, and in two weeks after using the spray all movements and jerking of the limbs had ended, although it had lasted for more than six months before treatment. All ten cases were cured, and are now all hale and in good health.

Carbolic acid I have used for the last five years in tinea sycosis and found it efficient. I have under treatment now two cases; one is well, the other is undergoing a treatment of hyd. chlor. corros. and mur. ammoniac in water, after first removing the hair. I have been treating typhoid fever after the mode of Prof. Binz, by giving large doses of quinia and whisky, and also other stimulants, with good success. Of five cases thus treated this winter, all recovered. The ages of the five cases were from 17 to 14 years;

the duration of the fever was from sixteen to twenty-one days. All of the cases are now in a better state of health than before the disease.

In one case of gunshot wound of the arm, some years ago, I gave brandy, one quart a day, for at least four weeks, with good diet, and if it had not been for the alcohol the patient would have died; for so soon as the brandy was omitted for a few hours he began to fail, and the temperature began to rise from 97° or 98° to 100° and 103°.

I have the honor to remain truly yours,

C. H. SMITH.

KENTON, OHIO, January 14, 1874.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—I have just read with great interest Dr. Clarke's little book on "Sex in Education;" and, while fully appreciating the value and excellence of the work, I feel constrained to protest against its extreme "plainness of speech." Dr. Clarke could have made himself equally well understood without being so coarse as he is in many instances.

I can hardly imagine Dr. Clarke's talking to the New England Women's Club about "hermaphroditic spinsterism" or the "castration of femininity:" by the by, if he is writing English, why doesn't he say the "spaying of femininity"? The introduction of the subject of eunuchs is quite unnecessary, having, it seems to me, no bearing on the question. Moreover, Dr. Clarke is not correct when he says, "Except the Secretary of the Treasury in the Cabinet of Candace, Queen of Ethiopia, who was baptized while journeying, by Philip the deacon, none of that class (eunuchs) have made any impression in the world's life that history has recorded." The *Encyclopædia Britannica*, in the article on Eunuchs, says, "The vulgar notion that eunuchs are necessarily deficient in courage and in intellectual vigor is amply refuted by history. Narses, the famous general under Justinian, was an Eunuch. Such, also, was Hermias, Governor of Atarnea, in Mysia, to whose manes the great Aristotle offered sacrifices." Origen, the celebrated Christian teacher and scholar, who was born in the second century, castrated himself early in life. In a little volume called "Eunuchism Displayed," published in London in 1740, the writer relates numerous other instances of the capacity of eunuchs and their power in the courts of the Eastern kings and later Roman emperors; but it is hardly worth while to repeat them, as many are well known.

Yours, truly,

W.



COMPANION TO THE FAMILY MEDICINE-CHEST.

Moral.—Send for the doctor.

## OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM FEBRUARY 3, 1874, TO FEBRUARY 9, 1874, INCLUSIVE.

WIRTZ, H. R., SURGEON.—Died at San Francisco, California, on January 24, 1874.